Since January 2020 Elsevier has created a COVID-19 resource centre with free information in English and Mandarin on the novel coronavirus COVID-19. The COVID-19 resource centre is hosted on Elsevier Connect, the company's public news and information website.

gency department databases. We included female patients less than 21 years old. All obstetric and gynecologic (ob/gyn) ICD10 (International Classification of Diseases) codes were delineated into thirteen categories (Table 1). Bivariate analysis was used to assess diagnoses by type of hospital defined by federal executive branch (Metropolitan teaching, Metropolitan non-teaching, and non-metropolitan teaching and non-teaching), as well as other variables, including ED disposition, age, payer type, and median household income by patient zip code. NEDS is a limited dataset not requiring IRB approval. This study is funded by the NASPAG Young Investigators Research Grant.

Results: Across the US, most patients presenting to EDs were 18 to 21 years old (72-77%), and the majority of ICD10 codes were related to pregnancy (41 to 43.8% of total ob/gyn related codes). Other common ICD codes include early pregnancy, abnormal uterine bleeding, benign gynecologic complaints, and vulvar and vaginal disorders. A small percentage of patients presented with female genital tract injury and malignant neoplasm diagnoses (<1%). Most patients were "treated and released" from the ED (87-94%), with a higher admission rate for Metropolitan teaching hospitals (10% versus 5 and 2%, $p<0.001$) and a higher transfer rate for Metropolitan non-teaching and non-Metropolitan hospitals (2% versus 1%, $p<0.001$). All bivariate analyses by hospital type were statistically significant except the rate of patients with pregnancy-related diagnoses.

Conclusions: This is one of the first studies evaluating ob/gyn diagnoses among pediatric and adolescent patients presenting to EDs. Although metropolitan teaching hospitals have higher rates of admission and lower rates of transfer compared to non-metropolitan hospitals, further investigation should evaluate and adjust for correlative differences in diagnoses, total pediatric ED volume, ED utilization for primary care, and outcomes for specific gynecologic presentations (e.g., cystectomy versus oophorectomy for adnexal masses).

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To keep in scope: vulvar aphthous ulcers after COVID-19 vaccination

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Background: Vulvar ulcers are a rare finding in females who are not sexually active. Aphthous ulcers may arise from an excessive immune response to an infectious agent or physiologic stress in a predisposed patient. They are associated with severe local pain, discomfort, and in some cases systemic symptoms. The diagnostic and treatment approach for this entity may inflict significant distress and anxiety on both the patient and her family. We aim to add to the existing literature by describing two cases of acute vulvar ulcers arising in non-sexually active adolescents after completing Pfizer-BioNTech COVID-19 vaccination schedule (2 doses).

Case: Two 16-year old Hispanic high school students arrived for evaluation at a Pediatric and Adolescent Gynecology focused practice in Mexico. Both denied sexual activity and had unremarkable personal and family medical histories. At the time of the encounter, their vital signs were in normal ranges. Patients' clinical characteristics are depicted in table 1. Both patients received supportive treatment with a cream containing zinc oxide as barrier protection, xylocaine 2% ointment for pain management (PRN), and were educated in general vulvar hygiene recommendations. Patient A endorsed significant symptom improvement after 3 days and had no evidence of lesions after 10 days. Patient B endorsed significant symptom improvement 1 day after the visit and had no evidence of lesions after 10 days.

Comments: These cases illustrate the plausible association between COVID-19 vaccination and vulvar aphthous ulcers. We must include this diagnosis among our differentials when facing such cases.

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Exposure of 3rd and 4th Medical Students to Pediatric and Adolescent Gynecology - A pilot study

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Background: Most United States (US) medical schools allocate 6 weeks of the academic year for clerkships in Obstetrics and Gynecology. This time limitation may prevent students from gaining exposure to many subspecialties in OB/GYN, including Pediatric and Adolescent Gynecology (PAG), which may account for fewer physicians being formally trained in this area. The purpose of this study was to quantify and characterize the level of medical student exposure to PAG.

Methods: American medical schools were emailed for participation. They were asked to distribute a 24-question survey to third- and fourth-year medical students, who had completed their OB/GYN clerkships. The questionnaire addressed time of exposure, level of comfort, and presence of resources to learn Pediatric and Adolescent Gynecology. This study was found to be exempt by the Loyola University Stritch School of Medicine IRB. Two proportion z-tests were performed using STATA 17 to compare between-group proportions of the given variables.

Results: A total of 201 responses were received from 37 medical schools. Thirty-five percent of respondents expected to train in obstetrics and gynecology; with the majority of remaining participants in near equal numbers, expecting to study family medicine, pediatrics and internal medicine. 55% of responses came from schools in the Midwest. Twenty three percent of third and 4th year student respondents in our study stated they had not been exposed to any PAG education during medical school education and 93% did not have the option of completing a PAG subspecialty rotation despite the presence of PAG trained faculty in the institutions of 55% of those surveyed. Ninety-four percent of participants agreed that PAG education would be useful during medical school, since 78% encountered gynecology patients aged 18 or younger during their clinical years.

Conclusions: In our study, results may not apply to all U.S. medical schools, given that the majority students who responded represented Midwest schools and had interests in Ob/Gyn. It is clear, however, that the students surveyed would find additional exposure to PAG useful. The authors of this study suggest that a standardized curriculum adaptable for any discipline where pediatric gynecology patients might receive care, could increase this exposure. It highlights the lack of exposure to PAG in medical school education as well as the need to increase it. Additional study could reveal regional differences or differences in exposure, based on program type. Resultant information could be used in the future to develop a student specific curriculum and provide a possible pipeline for the specialty.

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Longitudinal Comparison of Weight Change and Excessive Weight Gain among Adolescents and Young Adults Using the Etonogestrel Implant relative to Depot Medroxyprogesterone Acetate and Controls.

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